Approved for use through 1/31/2007, OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/701,064			ing Date 05/2003	☐ To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY
FOR			NUMBER FI	.ED NU	NUMBER EXTRA		RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A		N/A		]	N/A	
SEARCH FEE (37 CFR 1 16(k), (i), or (m))			N/A		N/A		N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(a), (p),		N/A		N/A		N/A			N/A	
TO (37	TAL CLAIMS CFR 1.16(i))		mir	us 20 = *		П	x \$ =		OR	x s =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			m	minus 3 = *		l	X \$ = 1		1	X \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE i	sheets of pap s \$250 (\$125	n thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									]		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		]	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	08/10/2011	CLAIMS REMAININ AFTER AMENDME	- 1	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* 82	Minus	·· 96	= 0		X \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 4	Minus	4	<b>=</b> 0	1	X \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))										
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
ENDMENT		CLAIMS REMAININ AFTER AMENDME	NG .	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())	•	Minus		-		X \$ =		OR	x s =	
M	Independent (37 CFR 1 16(h))		Minus	***	-	l	X \$ =		OR	x s =	
Ē	Application Size Fee (37 CFR 1.16(s))					l			ı		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						TOTAL		OR		
									OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Legal Instrument Examiner:  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPT To to proceed) an application of the completion of the completi ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.